



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
YAMASHITA	RUSSEL	HIROSHI	(808) 524-5200
MAILING ADDRESS (Street)			FAX
2733 East MANOA ROAD			(808) 524-4639
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96822	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII DENTAL ASSOCIATION			593-7956
MAILING ADDRESS (Street)			FAX
1345 SOUTH BERETANIA STREET			593-7634
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96814	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII DENTAL ASSOCIATION			(808) 593-7956
MAILING ADDRESS (Street)			FAX
1345 SOUTH BERETANIA STREET			(808) 593-7636
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
DR. NORMAN CHUN			(808) 261-0813
MAILING ADDRESS (Street)			FAX
444 ULUNIU STREET			261-6009
(City)	(State)	(Zip Code)	
KAILUA	HAWAII	96734	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

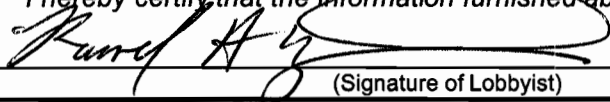
Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

Nov. 22, 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

DR. NORMAN CHUN

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII DENTAL ASSOCIATION

(808) 261-0813

MAILING ADDRESS (Street)

FAX

444 ULUNIU STREET

(City)

(State)

(Zip Code)

KAILUA, HAWAII 96734

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



5 Dec 2005

(Signature of Authorizing Officer or Person Represented)

(Date)